

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(703) 305-5483

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.
1	/	/				51			
2		1		1		52			
3		1		1		53			
4		3		1		54			
5		3		1		55			
6		3		1		56			
7		2		1		57			
8				1		58			
9		1		1		59			
10		2		1		60			
11		2		1		61			
12						62			
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44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.			/						
TOTAL DEF.			10						
TOTAL CLAIMS			/						